

a necrosis, and not a true caseation. Repeated examinations were made for tubercle bacilli, but none were found. In reference to this, mention may be made a case of miliary tuberculosis, showing the same microscopic appearances, that is, no true caseation, giant-cells, or tubercles, but numerous tubercle bacilli. This case was, however, a very acute and active condition, whereas the present ones were chronic and apparently self-limited affections. It was quite possible that the bacteria had succumbed and were disintegrated. The von Pirquet reaction was positive in both cases. Search was also made for other bacteria but without success.

Case I.—Miss M., aged 42, was admitted to the hospital, complaining of a pricking sensation in the left half of the abdomen. Her previous history was as follows: In 1907 she had an attack of grippe, accompanied by an occasional feeling of coldness in the left side of the abdomen. In February, 1909, she had another attack of grippe, which was accompanied by a pricking sensation in the left loin, and night-sweats. About the end of August, 1909, she noticed a lump in the left side of the abdomen. This was cold; slightly tender, and really caused her no discomfort. She had no urina; symptoms at any time.

During the past year she had lost 15 lbs.

The only important point in the family history was the fact that an aunt, on her mother's side, died of tuberculosis.

On examination, a mass was found in the left upper quadrant of the abdomen, which seemed to infiltrate the muscles of the loin. It was only slightly tender on palpation, and did not move with respiration.

The urine was normal except for an occasional blood-cell. A subcutaneous injection of tuberculin was administered which caused a rise of temperature to $99\frac{3}{4}$.

The leucocyte count was 10,000.

By the cystoscope, the only abnormality which was revealed in the bladder was that the left ureteral orifice was apparently absent, a few old submucous hæmorrhages being present in the place where the opening should have been.

Indigo-carmin was injected subcutaneously and appeared in eight minutes from the right ureteral opening, but was not seen at all, that is, at the end of half an hour, from the left one.

On October 19th she was operated on by Dr. Bell.

A loin incision was made and a couple of drams of pus were evacuated from the perinephric fat space. The muscles of the loin were infiltrated, making it very difficult to reach the kidney, and when it was reached, it was seen to be simply a capsule enveloping a caseous mass of apparently